

OCT 05 2006

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To: Examiner Philip Robert Smith
Art Unit: 3739

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 9

Phone: 571-272-6087

Date: October 5, 2006

Re: USSN: 10/635,044
Our Docket: 16894

CC:

RESPONSE TO FINAL OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on October 5, 2006:

1. Response Under 37 C.F.R. § 1.116 W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission

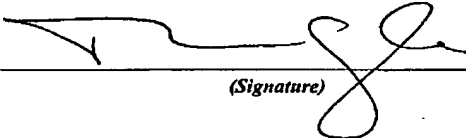
Applicants: Ryuta Sekine, et al.
Serial No.: 10/635,044
For: ENDOSCOPIC TREATMENT SYSTEM
Filed: August 5, 2003
Docket: 16894
Dated: October 5, 2006
TS:cm

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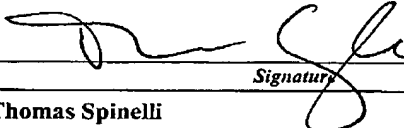
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 16894	
Applicant(s): Ryuta Sekine, et al.				
Application No. 10/635,044	Filing Date August 5, 2003	Examiner Philip Robert Smith	Group Art Unit 3739	
Invention: ENDOSCOPIC TREATMENT SYSTEM				
Confirmation No.: 6986				
<p>I hereby certify that this <u>RESPONSE UNDER 37 C.F.R. SECTION 1.116</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>October 5, 2006</u> (Date)</p> <p><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)</p> <p> (Signature)</p>				
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P18/REV02

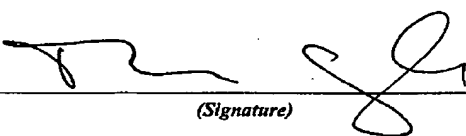
OCT 0 5 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 16894							
Applicant(s): Ryuta Sekine, et al.												
Application No. 10/635,044	Filing Date August 5, 2003	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 6986							
Invention: ENDOSCOPIC TREATMENT SYSTEM												
COMMISSIONER FOR PATENTS:												
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED												
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE							
TOTAL CLAIMS	37 -	38 =	0	x \$50.00	\$0.00							
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00							
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00							
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
 _____ Signature			Dated: October 5, 2006									
Thomas Spinelli Registration No.: 39,533			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) </td> </tr> <tr> <td colspan="2" style="text-align: center;"> _____ Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> _____ Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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CC:												

P11LARGE/REV10


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OCT 05 2006

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Applicant(s): Ryuta Sekine, et al.		16894	
Application No. 10/635,044	Filing Date August 5, 2003	Examiner Philip Robert Smith	Group Art Unit 3739
Invention: ENDOSCOPIC TREATMENT SYSTEM			
Confirmation No.: 6986			
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is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)			
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Thomas Spinelli <small>(Typed or Printed Name of Person Signing Certificate)</small>			
 <small>(Signature)</small>			
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OCT 05 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 16894	
Applicant(s): Ryuta Sekine, et al.						
Application No. 10/635,044	Filing Date August 5, 2003	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 6986	
Invention: ENDOSCOPIC TREATMENT SYSTEM						
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Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
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	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	37 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: October 5, 2006			
Thomas Spinelli Registration No.: 39,533			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align:center;">(Date)</p><p style="text-align:center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						

P11LARGE/REV10

OCT 0 5 2006

**RESPONSE UNDER 37 C.F.R.
§1.116 EXPEDITED PROCEDURE
EXAMINING GROUP 3789****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s):	Ryuta Sekine, et al.	Examiner:	Philip Robert Smith
Serial No:	10/635,044	Art Unit:	3739
Filed:	August 5, 2003	Docket:	16894
For:	ENDOSCOPIC TREATMENT SYSTEM	Dated:	October 5, 2006
Conf. No.:	6986		

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. § 1.116

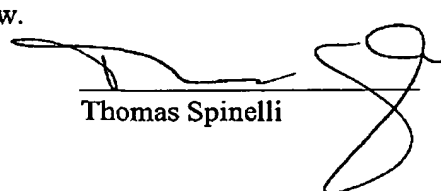
Sir:

In response to the Final Official Action dated July 24, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF FACSIMILE TRANSMISSION

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Dated: October 5, 2006


Thomas Spinelli

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